

United States Bankruptcy Court DISTRICT OF NEW JERSEY		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Tracey, Diana Morgan		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 8919		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State) 22 Boston Post Road East Brunswick, NJ		Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE 08816		ZIPCODE
County of Residence or of the Principal Place of Business: Middlesex		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): New Jersey, New		ZIPCODE ???-???
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other rental real estate owner/operator _____ Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Document Page 2 of 35 Name of Debtor(s): Diana Morgan Tracey	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed: N.A.	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

B1 (Official Form 1) (1/08)	Document	Page 3 of 35
Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Diana Morgan Tracey
Signatures		
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ Diana Morgan Tracey _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>12-07-009 _____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ (Date)</p>	
<p style="text-align: center;">Signature of Attorney*</p> <p>X /s/ Thaddeus R. Maciag _____ Signature of Attorney for Debtor(s)</p> <p>THADDEUS R. MACIAG TM/1669 _____ Printed Name of Attorney for Debtor(s)</p> <p>MACIAG LAW, LLC _____ Firm Name</p> <p>991 Route 22 West, Suite 200 _____ Address</p> <p>Bridgewater, NJ 08807 _____</p> <p>908-704-8800 _____ Telephone Number</p> <p>12-07-009 _____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>_____ _____</p> <p>X _____ _____</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>	
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>		

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re Diana Morgan Tracey
Debtor(s)

Case No. 09-
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Diana Morgan Tracey
DIANA MORGAN TRACEY

Date: 12-07-009

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re **Diana Morgan Tracey**,
Debtor

Case No. **09-**

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
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**Wachovia Bank
PO Box 96074
Charlotte, NC
28296-0074**

**243,186.00
Collateral FMV
79,472.00**

**Wachovia Bank
PO Box 2248
Jacksonville, FL
32203**

160,783.00

**Wells Fargo Home
Mortgage
MAC X7801-03R
3476 Stateview
Blvd
Fort Mill, SC 29715**

**565,333.00
Collateral FMV
405,000.00**

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Constance T. Tracey P.O. Box 703 Milltown, NJ 08850				174,900.00 Collateral FMV 20,125.00
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240				180,402.00 Collateral FMV 27,686.00
Wachovia Bank PO Box 2248 Jacksonville, FL 32203				205,046.00 Collateral FMV 59,937.00
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240				259,518.00 Collateral FMV 124,461.00
Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074				229,746.00 Collateral FMV 97,477.00
Constance T. Tracey P.O. Box 703 Milltown, NJ 08850				221,600.00 Collateral FMV 98,739.00
Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074				205,178.00 Collateral FMV 85,700.00
Wachovia Bank PO Box 2248 Jacksonville, FL 32203				113,028.00

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240				167,508.00 Collateral FMV 78,665.00
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240				136,104.00 Collateral FMV 47,907.00
Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715				474,284.00 Collateral FMV 387,000.00
Anthony J Sposaro, Esq 444 East Main Street Chester, NJ 07930				82,000.00
Constance T. Tracey P.O. Box 703 Milltown, NJ 08850				107,600.00 Collateral FMV 30,303.00
Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170				384,572.00 Collateral FMV 310,500.00
Constance T. Tracey P.O. Box 703 Milltown, NJ 08850				60,000.00 Collateral FMV 0.00

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

**Constance T.
Tracey
P.O. Box 703
Milltown, NJ
08850**

**60,000.00
Collateral FMV
0.00**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing list of twenty largest unsecured creditors and that it is true and correct to the best of my knowledge, information and belief.

Date 12-07-009 Signature /s/ Diana Morgan Tracey
DIANA MORGAN TRACEY

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

B6D (Official Form 6D) (12/07)

In re **Diana Morgan Tracey**,
Debtor

Case No **09-**
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x220W Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 220 Washington Rd, Sayreville, NJ				174,900.00	154,775.00 This amount based upon existence of Superior Liens
		VALUE \$ 288,000.00					
ACCOUNT NO. x47G Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 47 Guilden Street				221,600.00	122,861.00 This amount based upon existence of Superior Liens
		VALUE \$ 279,000.00					
ACCOUNT NO. x41R Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 41 Robinson St., New Brunswick, NJ				100,000.00	53,849.00 This amount based upon existence of Superior Liens
		VALUE \$ 180,000.00					
6 continuation sheets attached						\$496,500.00	\$331,485.00
(Total of this page)							
(Use only on last page)							

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,
Debtor

Case No. 09-
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x714E Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 714 Eden Street, Highland Park, NJ VALUE \$ 157,500.00				107,600.00	77,297.00 This amount based upon existence of Superior Liens
ACCOUNT NO. x130M Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 130 McKnight Ave., Jamesburg, NJ VALUE \$ 310,500.00				60,000.00	60,000.00 This amount based upon existence of Superior Liens
ACCOUNT NO. x93D Constance T. Tracey P.O. Box 703 Milltown, NJ 08850		Lien: Second Mortgage Security: 93 Douglas Ave.,, Franklin Twp., NJ VALUE \$ 387,000.00				90,000.00	90,000.00 This amount based upon existence of Superior Liens
ACCOUNT NO. x9-546 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 103 Baldwin St, New Brunswick, NJ VALUE \$ 175,500.00				96,835.00	0.00
ACCOUNT NO. x9-638 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 63 Plum Street VALUE \$ 238,500.00				147,814.00	0.00
Subtotal (s) (Total(s) of this page)						\$ 502,249.00	\$
Total(s) (Use only on last page)						\$	\$

Sheet no. 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,

Debtor

Case No. 09-

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x3-957 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 75 Guilden St, New Brunswick, NJ VALUE \$ 211,500.00				125,800.00	0.00
ACCOUNT NO. x3-989 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 79 Hassart St, New Brunswick, NJ VALUE \$ 175,500.00				115,863.00	0.00
ACCOUNT NO. x3-901 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 41 Central Ave, New Brunswick NJ VALUE \$ 252,000.00				127,539.00	0.00
ACCOUNT NO. x3-294 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 130 McKnight Ave, Jamesburg, NJ VALUE \$ 310,500.00				384,572.00	74,072.00
ACCOUNT NO. x9-654 Countrywide c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 149 Seaman St, New Brunswick, NJ VALUE \$ 166,500.00				118,593.00	0.00
Subtotal (s) (Total(s) of this page)						\$ 872,367.00	\$
Total(s) (Use only on last page)						\$	\$

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims(Report also on
Summary of Schedules)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,
Debtor

Case No. 09-
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x4631 Greenpoint c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 146 Easton Ave, New Brunswick, NJ				213,023.00	0.00
		VALUE \$ 310,500.00					
ACCOUNT NO. x1130 Greenpoint c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 714 Eden St, Highland Park, NJ				127,197.00	0.00
		VALUE \$ 157,500.00					
ACCOUNT NO. x2175 Greenpoint c-o Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Lien: First Mortgage Security: 84 Lee Avenue, New Brunswick, NJ				105,028.00	0.00
		VALUE \$ 184,500.00					
ACCOUNT NO. x409 TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240		Lien: Second Mortgage Security: 63 Plum St, New Brunswick, NJ				180,402.00	152,716.00 This amount based upon existence of Superior Liens
		VALUE \$ 175,500.00					
ACCOUNT NO. x213 TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240		Lien: Second Mortgage Security: 103 Baldwin St, New Brunswick, NJ				167,508.00	88,843.00 This amount based upon existence of Superior Liens
		VALUE \$ 175,500.00					
Subtotal (s)						\$ 793,158.00	\$
(Total(s) of this page)						\$	\$
(Use only on last page)							

Sheet no. 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

(Report also on
Summary of Schedules)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,Case No. 09-

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x536		Lien: Second Mortgage Security: 149 Seaman St, New Brunswick, NJ				136,104.00	88,197.00 This amount based upon existence of Superior Liens
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240		VALUE \$ 166,500.00					
ACCOUNT NO. x631		Lien: Second Mortgage Security: 41 Central Ave, New Brunswick, NJ				259,518.00	135,057.00 This amount based upon existence of Superior Liens
TD Bank Loan Operations 32 Chestnut Street Lewiston, ME 04240		VALUE \$ 252,000.00					
ACCOUNT NO. x535		Lien: Second Mortgage Security: 79 Hassart St, New Brunswick, NJ				205,046.00	145,109.00 This amount based upon existence of Superior Liens
Wachovia Bank PO Box 2248 Jacksonville, FL 32203		VALUE \$ 175,500.00					
ACCOUNT NO. x535		Lien: Second Mortgage Security: 75 Guilden St, New Brunswick, NJ				205,178.00	119,478.00 This amount based upon existence of Superior Liens
Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074		VALUE \$ 211,500.00					
ACCOUNT NO. x9666		Lien: Second Mortgage Security: 146 Easton Ave, New Brunswick, NJ				229,746.00	132,269.00 This amount based upon existence of Superior Liens
Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074		VALUE \$ 310,500.00					
Subtotal (s)						1,035,592.00	\$
Total(s) of this page						\$	\$
Total(s) (Use only on last page)						\$	\$

Sheet no. 4 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims(Report also on
Summary of Schedules)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,
Debtor

Case No. 09-
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x910 Wachovia Bank PO Box 96074 Charllotte, NC 28296-0074		Lien: Second Mortgage Security: 84 Lee Ave, New Brunswick, NJ				243,186.00	163,714.00 This amount based upon existence of Superior Liens
		VALUE \$ 184,500.00					
ACCOUNT NO. x6-587 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: Debtor's Residence -- 22 Boston Post Rd, E. Brrunswick, NJ				565,333.00	160,333.00
		VALUE \$ 405,000.00					
ACCOUNT NO. x4-375 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: 4 Country Brook Ln., Monroe Twp, NJ				456,261.00	411,261.00
		VALUE \$ 45,000.00					
ACCOUNT NO. x8-325 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: 220 Washington Rd, Sayrville				267,875.00	0.00
		VALUE \$ 288,000.00					
ACCOUNT NO. x2-756 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: 41 Robinson St, New Brunswick				133,849.00	0.00
		VALUE \$ 180,000.00					
Subtotal (s)						1,666,504.00	\$
(Total(s) of this page)						\$	\$
(Use only on last page)							

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Diana Morgan Tracey,
Debtor

Case No. 09-
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x3-419 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: 93 Douglas St., Franklin Twp, NJ VALUE \$ 387,000.00				474,284.00	87,284.00
ACCOUNT NO. x2-573 Wells Fargo Home Mortgage MAC X7801-03R 3476 Stateview Blvd Fort Mill, SC 29715		Lien: First Mortgage Security: 47 Guilden St., New Brunswick, NJ VALUE \$ 279,000.00				180,261.00	0.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal (s) (Total(s) of this page)						\$ 654,545.00	\$ 87,284.00
Total(s) (Use only on last page)						\$6,020,915.00	\$17,115.00

Sheet no. 6 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (12/07)

Diana Morgan TraceyIn re _____
DebtorCase No. **09-**_____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) - Cont.

In re **Diana Morgan Tracey**,
Debtor

Case No. **09-**
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Diana Morgan Tracey**,
DebtorCase No. **09-**
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Anthony J Sposaro, Esq 444 East Main Street Chester, NJ 07930						82,000.00
ACCOUNT NO. x804 Chase Bank PO Box 15153 Wilmington, DE 19886-5153						6,865.00
ACCOUNT NO. x221 Discover Card PO Box 30943 Salt Lake City, UT 84130						11,784.00
ACCOUNT NO. Eichenbaum & Stylianou 10 Forest Ave., Suite 300 paramus, NJ 07653		Discover DC-010218-08				Notice Only
4 continuation sheets attached						Subtotal ➤ \$ 100,649.00
						Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Diana Morgan Tracey**,
DebtorCase No. **09-**
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Countrywide				Notice Only
Fein, Such, Kahn & Shepard 7 Century Drive Parsippany, NJ 07054						
ACCOUNT NO. x641						5,530.00
Ford Motor Credit PO Box 6508 Mesa, AZ 85216-6508						
ACCOUNT NO.						9,616.00
Giordano, Halleran & Ciesla 125 Half Mile Road Red Bank, NJ 07701						
ACCOUNT NO.		Wachovia MID-L-005450-08				Notice Only
Goldman & Warshaw 34 Maple Avenue Pine Brook, NJ 07058						
ACCOUNT NO.						6,628.00
Heartwood Consulting 1108 Hooper Avenue, Bldg 1 Toms River, NJ 08753						

Sheet no. **1** of **4** continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **21,774.00**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Diana Morgan Tracey,
DebtorCase No. 09-
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MID-L-0060-06 Magnozzi & Kye, LLP 1 Expressway Plaza Suite 114 Roslyn Heights, NY 11577		MID-L-0060-06 (Wachovia)				Notice Only
ACCOUNT NO. MID-L-1590-09 Magnozzi & Kye, LLP 1 Expressway Plaza Suite 114 Roslyn Heights, NY 11577		MID-L-1590-09 (Wachovia)				Notice Only
ACCOUNT NO. McCabe, Weisberg & Conway 216 Haddon Ave., Suite 303 Westmont, NJ 08108		TD Bank				Notice Only
ACCOUNT NO. McCabe, Weisberg & Conway 216 Haddon Ave., Suite 303 Westmont, NJ 08108		Wachovia Bank				Notice Only
ACCOUNT NO. Morgan Bornstein & Morgan 1236 Brace Road, Suite K Cherry Hill, NJ 08034		Ford Motor Credit DC-019186-08				Notice Only

Sheet no. 2 of 4 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **0.00**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Diana Morgan Tracey,
DebtorCase No. 09-
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Chase Bank				
Mullooly Jeffrey Rooney & Flynn 68451 Jericho Tpke. Syosset, NY 11791		DC-002144-08				Notice Only
ACCOUNT NO.						
NJ Dept Envir Prot 401 East State Street Trenton, NJ 08625			X	X	X	Unknown
ACCOUNT NO. 4CBL						
NJ Dept Envir Prot 401 East State Street Trenton, NJ 08625			X	X	X	255,000.00
ACCOUNT NO.		Countrywide				
Stern, Lavinthal, et al., Esqs. 293 Eisenhower Parkway, Suite 300 Livingston, NJ 07039						Notice Only
ACCOUNT NO.						
Tarella & Liftman 1576 Hwy 130 North Brunswick, NJ 08902						22,400.00

Sheet no. 3 of 4 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **277,400.00**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Diana Morgan Tracey,
DebtorCase No. 09-
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MID-L-1590-09 Wachovia Bank PO Box 2248 Jacksonville, FL 32203						113,028.00
ACCOUNT NO. MID-L-0060-06 Wachovia Bank PO Box 2248 Jacksonville, FL 32203						160,783.00
ACCOUNT NO. x452 Wachovia Bank PO Box 2248 Jacksonville, FL 32203						28,612.00
ACCOUNT NO. Zucker, Goldberg & Ackerman 200 Sheffield Street, Suite 301 Mountainside, NJ 07092		Wells Fargo				Notice Only
ACCOUNT NO. Zucker, Goldberg & Ackerman 200 Sheffield Street, Suite 301 Mountainside, NJ 07092		Greenpoint				Notice Only

Sheet no. 4 of 4 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **302,423.00**Total > \$ **702,246.00**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re **Diana Morgan Tracey**
Debtor

Case No. **09-**

Chapter **11**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	NO	0	\$ 0.00		
B – Personal Property	NO	0	\$ 0.00		
C – Property Claimed as exempt	NO	0			
D – Creditors Holding Secured Claims	YES	7		\$6,020,915.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	5		\$ 702,246.00	
G - Executory Contracts and Unexpired Leases	NO	0			
H - Codebtors	NO	0			
I - Current Income of Individual Debtor(s)	NO	0			\$ 0.00
J - Current Expenditures of Individual Debtors(s)	NO	0			\$ 0.00
TOTAL		14	\$ 0.00	\$6,723,161.00	

United States Bankruptcy Court

DISTRICT OF NEW JERSEY

In re **Diana Morgan Tracey**
Debtor

Case No. **09-**

Chapter **11**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ N.A.

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

Diana Morgan Tracey

In re _____ Case No. **09-**_____
Debtor (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12-07-009 Signature: /s/ Diana Morgan Tracey
Debtor:

Date _____ Signature: Not Applicable
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. _____
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____ Date _____
Signature of Bankruptcy Petition Preparer

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____ Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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PO Box 30943
Salt Lake City, UT 84130

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10 Forest Ave., Suite 300
paramus, NJ 07653

Fein, Such, Kahn & Shepard
7 Century Drive
Parsippany, NJ 07054•

Ford Motor Credit
PO Box 6508
Mesa, AZ 85216-6508

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Red Bank, NJ 07701

Goldman & Warshaw
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3476 Stateview Blvd
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B22B (Official Form 22B) (Chapter 11) (01/08)

In re **Diana Morgan Tracey**
Debtor(s)

Case Number: **09-**
(If known)

CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. CALCULATION OF CURRENT MONTHLY INCOME					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married, not filing jointly. Complete only Column A ("Debtor's Income") for Lines 2-10. c. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.				
	All figures must reflect average monthly income received from all sources, derived during the the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 2,927.33	\$
3	Net income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference on Line 3. If more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero				
	a.	Gross receipts	\$ 0.00		
	b.	Ordinary and necessary business expenses	\$ 0.00		
	c.	Business Income	Subtract Line b from Line a	\$ 0.00	\$ N.A.
4	Rents and other real property income. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero.				
	a.	Gross receipts	\$ 0.00		
	b.	Ordinary and necessary operating expenses	\$ 0.00		
	c.	Business Income	Subtract Line b from Line a	\$ 0.00	\$ N.A.
5	Interest, dividends and royalties.			\$ 0.00	\$ N.A.
6	Pension and retirement income.			\$ 0.00	\$ N.A.
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the the debtor's spouse if Column B is completed.			\$ 0.00	\$ N.A.
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00 Spouse \$ N.A.	\$ 0.00	\$ N.A.

9	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;"></td><td style="width: 10%; text-align: right;">\$</td><td style="width: 25%; text-align: right;">0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> </table>	a.		\$	0.00	b.		\$	0.00	\$ 0.00	\$ N.A.
a.		\$	0.00								
b.		\$	0.00								
Total and enter on Line 9											
10	Subtotal of current monthly income. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 2,927.33	\$ N.A.								
11	Total Current Monthly. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 2,927.33									
Part VIII: VERIFICATION											
12	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p> Date: <u>12-07-009</u> Signature: <u>/s/ Diana Morgan Tracey</u> (Debtor) </p> <p> Date: _____ Signature: _____ (Joint Debtor, if any) </p>										